

**RENEWAL FORM**  
Due 3 months prior to  
Certificate Renewal Date

Primary Reviewer: \_\_\_\_\_ Date \_\_\_\_\_

Inspector: \_\_\_\_\_ Date \_\_\_\_\_

Director's Approval: \_\_\_\_\_ Date \_\_\_\_\_

**NHDAMF ORGANIC SYSTEM PLAN (OSP) RENEWAL - LIVESTOCK PRODUCTION**

**INSTRUCTIONS:**

- ✧ Complete this OSP if you are RENEWING your current organic livestock certification through NHDAMF
- ✧ Enter in the appropriate SECTION any changes that were made during the previous year, and any changes planned for the upcoming year
- ✧ Use additional sheets, and submit supporting documents as necessary
- ✧ Complete Organic System Plan Renewals are required prior to inspection

**SECTION 1: General Information**

Name*		NHDAMF Cert #:
Farm Name:		
Mailing Address:		
Physical Address:		
City:	State:	Zip:
Primary phone number:	Alternate phone number	Fax number (optional):
Email address:	Website:	
<b>Organizational structure/legal status:</b> <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Trust or non-profit <input type="checkbox"/> Corporation <input type="checkbox"/> Cooperative <input type="checkbox"/> Legal Partnership (federal form 1065) <input type="checkbox"/> LLC <input type="checkbox"/> Other-specify: _____		
If a corporation, list state of incorporation and name, if different than listed above:		
*Is this person AUTHORIZED to act on behalf of the company? <input type="checkbox"/> Yes _____ No _____  If NO-list name, address & telephone of person who is:		

<b><u>Inspection fees:</u> ** (Animal Units = A.U.)</b>  Total # animals: _____ X (A.U. Factor) _____ = A.U. _____  Amt of Inspection Fee: _____	Certification Fee: <b>\$100.00</b>  Inspection Fee:    + _____  <b>TOTAL FEES:</b> _____	<b><u>For NHDAMF Office Only</u></b>  Date received: _____  Total Fees submitted: _____  Correct Amount? Yes____ No____
--	--	---

\*\*Refer to NHDAMF TABLE Agr 911-2 Livestock Inspection fee to determine INSPECTION FEE, pg VII, AGR 911 RULES  
<Animal Units for dairy livestock shall be determined by using the 1.4 factor per head regardless of age or size of animal.>

**Make checks payable to:    **TREASURER, STATE OF NH****

**Submit completed forms, fees and supporting documents to:**

**NHDAMF, Div. of Regulatory Services  
PO Box 2042  
Concord NH 03302-2042**

**NHDAMF contact information:**

**Jennifer Gornnert, Director  
Telephone: (603) 271-7761  
Fax: (603) 271-1109  
Email: Jennifer.gornnert@agr.nh.gov**

**AFFIRMATION:** Please read the following and sign below:

- ☐ I affirm that all statements made in this application are true and correct
- ☐ I affirm that no prohibited products have been applied or administered to any of my organically managed livestock herds, or other similar livestock groupings, unless as stated in NOP Rule 205.238 and 205.603
- ☐ I understand that the operation may be subject to unannounced inspections and/or sampling for residues at any time as deemed appropriate to ensure compliance with the NOP Rule
- ☐ I understand that acceptance of this application in no way implies granting of certification by the NHDAMF
- ☐ I will immediately notify the certifying agent (NHDAMF) of any change in my certified operation or portion of it that may affect its compliance with the ACT or regulations. I will submit an update whenever changes are made thus ensuring that the application/OSP consistently reflects my current organic operation
- ☐ I agree to comply with all applicable State and NOP production and handling standards as described in the final rule of the United States Department of Agriculture Marketing Service National Organic Program (CFR part 205)
- ☐ I agree to submit applicable fees charged according to the fee schedule by NHDAMF
- ☐ I agree to follow the NHDAMF and NOP Rules
- ☐ I have a copy of the NHDAMF Organic Rules and USDA National Organic Program (NOP) Regulations which I have read and understand



Signature of Applicant/Authorized Representative

Date

Address & detailed travel directions to livestock operation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NON-COMPLIANCES**

Did you receive a Notice of Non-compliance (NNC) from NHDAMF for last year's certification? \_\_\_\_ Yes \_\_\_\_ NO

If yes, please describe NNC and corrective actions implemented:

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 2: RECORDKEEPING****NOP Rule Section 205.103****Production Records Must:**

- 1) Disclose all activities and transactions of the operation
- 2) Be maintained for 5 years beyond their creation
- 3) Demonstrate compliance to the NOP Rule
- 4) Be sufficient to be able to trace back to the field/location where the product was produced, grown and/or harvested
- 5) Maintain separate records for split (conventional/transitional) production; and
- 6) Be available for review during the inspection visit

**If applicable for your production, the following records MUST be maintained and will be reviewed at inspection.**

**Check the records currently maintained:**

- |   |  |
|---|--|
| <input type="checkbox"/> Purchase receipts for all livestock                            | <input type="checkbox"/> Sales records for all livestock products sold           |
| <input type="checkbox"/> Live weight records of meat animals prior to slaughter         | <input type="checkbox"/> Medications administered-date, dosage, source           |
| <input type="checkbox"/> Feed products and supplements                                  | <input type="checkbox"/> DMI feeding worksheet                                   |
| <input type="checkbox"/> Disposition of animals (cull, mortality, slaughter, sold live) | <input type="checkbox"/> Field & Pasture Maps                                    |
| <input type="checkbox"/> Farm Records: sale invoices, product labels, packaging samples | <input type="checkbox"/> Record of temporary confinement of livestock in housing |

**NOTE: Failure to maintain appropriate records will result in an issuance of a *Notice of Non-compliance*.**

**SECTION 3: LIVESTOCK MANAGEMENT**

**A) Organic Livestock and organic products:** Check all to which you want certified:

☐ Live Animals ☐ Milk ☐ Meat ☐ Fiber ☐ Other, type: \_\_\_\_\_

**B) Non-organic Livestock managed at the same location:**

☐ Not Applicable

**C) Detail any changes or updates to current methods of organic livestock identification:**

☐ No Changes

**D) Cattle History Table-Submit a Cattle History Form with updates and changes to livestock herd.**

**NOTE:** Applicants may substitute their own cattle history form as long as it contains all the required information.

**E) Detail any changes or updates to livestock housing:**

☐ No Changes

**F) Detail any updates or changes to pest & rodent control:**

☐ No Changes

**G. Housing Sanitation and Cleaning Process: detail any updates of changes:**

☐ No changes

**A) Livestock Stocking Density:**

- ❖ All organic livestock operations must submit this data in the space indicated below\*
- ❖ Enter the **amount of Animal (AU) Units per acre** or **per square foot** (for swine).
- ❖ AU factors per breed are listed on the *NHDAMF INSPECTION FEE SCHEDULE in Agr 911*

**EXAMPLE:** A farmer has 50 Milking cows and 225 acres of cropland    50 Dairy cows x 1.4 AU factor = 70 Animal Units  
Divide 225 acres by 70 AU = 3.2 AU/acres is the Stocking Density

\*Certified organic cropland acreage: \_\_\_\_\_ divided by AU \_\_\_\_\_ = Stocking Density: \_\_\_\_\_

**B) Field Locations, Aerial Maps, Grazing Methods:** Changes to fields for grazing and hay/feed production must be listed on **TABLE A-FIELD INFORMATION SHEET** in your Crop Organic System Plan.

**C) Maps must be maintained which identify pasturing locations of livestock by age group. These maps will be reviewed during the inspection.**

**D) Exception to Pasture Rule:** Records must be maintained detailing any temporary confinement or shelter for livestock from the outdoors. These records will be reviewed during the inspection.

**SECTION 5 LIVESTOCK HEALTHCARE PROGRAM****NOP RULE Section 205.238****Healthcare Products List Addendum:**

- ❖ Review the Healthcare Product list submitted with last year's OSP, to verify current inventory of products that you intend to use this season
- ❖ Add new materials below you intend to use this season
- ❖ **NOTE: Applicants MUST verify NOP compliance of all materials PRIOR TO USE. Non-compliant materials used will result in an issuance of a Notice of Non-compliance from NHDAMF**
- ❖ Attach separate sheets as needed

Healthcare Product Brand Name	Mfr Contact Information	Treatment use	NOP Compliance verified (Y/N) Give source of verification**

\*\* List of approved materials can be found at:

[www.omri.org](http://www.omri.org) (Organic Material's Review Institute) <http://agr.wa.gov/foodanimal/organic> (WA State Dept of Agriculture)  
<http://www.paorganic.org/> (PA Certified Organic)

NHDAMF will refer to these brand name lists when verifying compliance of materials & inputs; these lists are recognized as official resources by the NOP.

The following documents and records **MUST** be maintained and available for review during inspection:

- ✧ TABLE D- Record of Feed and Feed Supplement Purchases
- ✧ Sales receipts and organic certificates of all purchased feedstuffs
- ✧ Dry Matter Worksheet (DMI) for each age group of ruminant livestock. The calculations will be verified during the inspection visit.

**NOTE:** Reference sheets for DMI calculations are available at [www.ams.usda.gov/nop](http://www.ams.usda.gov/nop)

**SECTION 7: PROCESSING AND PACKING FACILITIES****NOP Rule 205.238, .270, .271, .272 & .303**

**A) Organic Dairy Products:** Detail any changes or updates to the handling of fluid milk below. \_\_\_ No changes

---



---

**B) Do you bottle organic milk on-farm?** \_\_\_ Yes \_\_\_ No      If Yes, does NHDAMF have current bottle label? \_\_\_ Yes \_\_\_ NO

If No, submit label for approval.

**C) Sanitation & Cleaning Products:**

- ✧ Review the Sanitation & Cleaning Product list submitted with last years OSP, to verify current inventory of products that you intend to use this season
- ✧ Add new materials below you intend to use this season
- ✧ **NOTE: Applicants MUST verify NOP compliance of all materials PRIOR TO USE. Non-compliant materials used will result in an issuance of a Notice of Non-compliance from NHDAMF**
- ✧ Attach separate sheets as needed

Product Brand Name	Mfr Contact Information	Purpose of use	NOP Compliance verified (Y/N) Give source of verification***

\*\*\* List of approved materials can be found at:

[www.omri.org](http://www.omri.org) (Organic Material's Review Institute) <http://agr.wa.gov/foodanimal/organic> (WA State Dept of Agriculture)  
<http://www.paorganic.org/> (PA Certified Organic)

NHDAMF will refer to these brand name lists when verifying compliance of materials & inputs; these lists are recognized as official resources by the NOP.

**D. Organic Meat:** \_\_\_ Not Applicable \_\_\_ No Changes

Detail updates and changes to organic meat products & labels: \_\_\_\_\_

---



---

**TABLE D- NHDAMF Record of Feed and Feed Supplement Purchases:** List the quantity of each feed type purchased (concentrates, forages, grain, silage, pasture, hay and-or green chop, supplements, etc) during the past 12-month period.

[illegible]

This Sheet may be copied.

**TABLE C- ORGANIC LIVESTOCK HISTORY TABLE**      Farm Name & Town: \_\_\_\_\_

**TABLE C- ORGANIC LIVESTOCK HISTORY TABLE**      Farm Name & Town: \_\_\_\_\_

- ❖ Separate Tables **MUST** be completed for **EACH TYPE OF LIVESTOCK BREED**
- ❖ This form may be copied
- ❖ All Updated Information **MUST IMMEDIATELY** be forwarded to NHDAMF

\_\_\_ Dairy    \_\_\_ Beef    \_\_\_ Swine    \_\_\_ Rabbit

\_\_\_ Goat    \_\_\_ Sheep    \_\_\_ Other

(\*\*Date when table was completed)

[illegible]

This Form may be copied.